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Ophthalmic Literature

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READING OF CURRENT JOURNALS.

When systematic reading in ophthalmology, such reading as was discussed in the March and April numbers, has been done, and when cases have been encountered and studied that represent all parts of ophthalmic practice, one can safely enter upon the promiscuous reading of current ophthalmic journals. Then, no matter what subject is taken up, the mind of the reader already has a nucleus of information about it, already has unanswered questions regarding it, with which what is read will fit in, or to which it may be hoped to furnish answers. The student's mind is then prepared to profit by what he reads on any topic. If the heading of an article or paragraph, or some sentence that catches his eye awakens interest, the reading will probably be of solid and permanent advantage.

The skimming over of current magazines, dipping down to a close reading of what awakens interest, may be regarded as a profitable recreation. It is recreation in so far as it is a complete change from the difficulties, annoyances, and fixed labors of ophthalmic practice; and in so far as the mind is allowed to follow the impulse of the moment, and not required to perform a predetermined task. Such reading is profitable in that it utilizes the active interest of the reader, in impressing the facts recorded, extends his information, keeps him in touch with the intellectual processes of his contemporaries, and secures a general acquaintance with the present status of ophthalmology, in so far as this is capable of being grasped and held in mind.

Such reading is most useful, however, if it secures some mastery of the literature skimmed over, some system of relation with it, that will enable one to return easily to any particular article for renewal of his impression of it, or for a more thorough systematic study of its subject. The table of contents with which the journal is usually supplied can have the important titles checked as articles that have been read, and are to be subsequently referred to. Or a different mark may indicate the articles that appear to be worth reading, when at some future time it is desired to give the subjects particular attention.

Then in the article read, unless it is very well summarized or subdivided by appropriate headings, future reference can always be made easier by marking on the margin the position of important passages, or underscoring a sentence or phrase that briefly expresses the writer's essential thought. A book or journal that has been read, and not thus pencil marked, has not been read to the best advantage, barring the unfortunate circumstance that it may have been borrowed, unless it is a book or journal that was not worth reading; when the only possible benefit will be prevention of the mistake of reading it again. If an article is worth reading or looking at again, it is worth marking, so that reference to it may be made easier, and the student may be able to find again without loss of time what before most impressed him. Smooth, clean pages are valued by collectors of books.

But markings and interlineations may add greatly to the usefulness of a publication, in the performance of the function for which it was created.

THE SMITH OPERATION FOR CATARACT.

Dr. Richard J. Tivnen, and not Dr. Vail, as was erroneously stated (p. 35), is to be credited with the table showing the experiences and estimates of the Smith Intracapsular Extraction of Cataract, which appears in the volume on the Extraction of Senile Cataract, edited by Dr. W. H. Woodruff for the Chicago Ophthalmological Society. Dr. Tivnen should receive credit for this, because the table in question. while covering only twenty-seven pages, represents an immense amount of work; and presents in condensed form directly and easily accessible, the experience and judgment of 160 American ophthalmic surgeons. It must be confessed that much of the literature of this subject has little more scientific solidity than the estimates of the operation formed by those who have never attempted it. Yet the judgment of a large number of ophthalmic surgeons on a new procedure focuses upon it wisdom drawn from a large amount of operative experience.

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Farmer, A. G. Boiling Cocain Hydrochlorid. Ophth. Rec., xxi, p. 178.

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Mayweg. Action of Diphtheria Serum in Suppurative Process of Eyes. Klin. M. f. Augenh., April, p. 470.

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Santos Fernandez, J. Duboisin Better than Atropin in Ocular Inflammation in Children. (Bibl.) Anales de Oft., xiv, p. 397.

Weill, G. Atropin Eczema. Klin. M. f. Augenh., April, p. 458.

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OPERATIONS.

Bock, E. Statistics of Eye Operations, Leibach, 1911. Cent. f. p. Augenh., xxxvi, p. 127.

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Stargardt, W. Central Green Spot in Myopia. Ibid., p. 327.

Waddy, R. G. Skiascopic Test. Arch. of Ophth., xli, p. 217.

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Bijlsma, R. A. Monocular Diplopia. Geneesk. Cour., lxv, No. 33.

Bonnefoy. Ocular Paralysis. Lyons Thesis, 1911.

Comby, J. Medical Treatment of Strabismus. Arch. de Méd. des Enfants, xv, April. J. A. M. A., May 11, p. 1483.

Dickey, J. L. Strabismus in Children. W. Va. Med. Jour., May, p. 384.

Gorbunow. Oculo-motor Paralysis. Cent. f. p. Augenh., xxxvi, p. 101.

Harbridge, D. F. Glasses in Correction of Strabismus. Phila. Polyclin. Ophth. Soc., Jan. 11.

Koenig. Bilateral Nuclear Paralysis of Sixth Nerves. Rev. Neurol, xix, ii, p. 705.

Llewellyn, T. L. Causes and Prevention of Miner's Nystagmus. Proc. Roy. Soc., April 10.

Mendoza, R. Orthopedic Treatment of Strabismus. Anales de Oft., xiv, p. 353.

Miner's Nystagmus. Brit. Med. Jour., April 13, p. 853.

Muraz. Amaurosis with Paralysis of Third Nerve of Orbital Origin. Bordeaux Thesis, 1912.

Ohm. New Instruments for Measurement of Squint. Klin. M. f. Augenh., April, p. 471.

Schoen, W. Case of Vertical Squint 120 Years Ago Described by Patient. Münch. Med. Woch., lxix, p. 361.

Stark, H. S. Paralysis of External Rectus of Right Eye Due to Fracture of Base. Bull. El Paso Co. Med. Soc., iii, p. 15.

Stirling, A. W. Unusual Nystagmus. Jour. Med. Assn., Georgia, ii, p. 14.

Stuelp. Partial Tendon Transplantation for Complete Abducens Paralysis. Klin. M. f. Augenh., April, p. 469.

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Van Valkenburg. Nystagmus with Head Movements. Nederl. Tijdschr. v. Geneesk., ii, p. 1943.

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Wychodzew. Inclination of Head Towards Shoulder Upon Movements

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Bartholow, P. Conjunctivitis Supervening on Acute Gonorrhea. Amer. Jour. Dermatol., April, p. 169.

Bourgeon. Trachoma in Lyons. Lyons Thesis, 1912.

Cassel, J. W. Parinaud's Conjunctivitis. Arch. of Ophth., xli, p. 295.

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Colombo, G. L. Gonococcus Serum in Treatment of Ophthalmia Neonatorum. (Bibl.) Klin. M. f. Augenh., April, p. 385.

De Font-Réaulx. Etiology of Phlyctenular Conjunctivitis. Bull. de l'Acad. de Méd., lxvii, p. 246. J. A. M. A., May 4, p. 1402.

De Jonge, D. W. Studies of 700 Batavian School Children. (Trachoma) Zeit. f. Augenh., xxvii, p. 384.

Dimitrieff, A. G. Congenital Tuberculosis. Viestnik Ophth., xxviii, p. 926.

Ewing, A. E. Argyrosis. Amer. Jour. Ophth., xxix, p. 97.

Eyre, J. W. H. Etiology, Pathology and Diagnosis of Tuberculosis of Conjunctiva. Lancet, May 18, p. 1319.

Filatoff. Herpes Zoster Ophthalmicus. Viestnik. Ophth., xxviii, p. 941. Zeit. f. Augenh., xxvii, p. 375.

Hedger, C. Midwives and Blindness. Ill. Med. Jour., April.

Jackson, E. Diplobacillus Conjunctivitis after Cataract Extraction. Colo. Ophth. Soc., Feb. 17.

Koll, C. Treatment of Eczematous Eye Disease with Circulating Hot Air. Zeit. f. Augenh., xxvii, p. 343.

Lapsley, R. M. Parinaud's Conjunctivitis. Jour. Iowa St. Med. Soc., May, p. 596.

Mackenzie, R. C. Prevention of Ophthalmia Neonatorum. Boston Med. and Surg. Jour., clxvi, p. 737.

Moulton, H. Treatment of Trachoma. Jour. Arkansas Med. Soc., viii, p. 267.

Pachopos, G. M. Treatment of Trachoma. Grece Med., xiii, p. 45.

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Prestley, J. P. Conjunctivitis and Rigg's Disease. New York Med. Jour., May 4, p. 965.

Rabinovich, G. A. Pemphigus of Both Eyes. Viestnik Ophth., xxviii, p. 924.

Reid, J. Epidemic Ophthalmia. Brit. Med. Jour., May 4, p. 1008.

Risley, J. N. Non-operative Treatment of Pterygium. Wills Hosp. Ophth. Soc., Feb. 5.

Shinowara. Plasmoma of Conjunctiva. Nippon Gank. Zachi, Feb.

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Stewart, J. H. Trachoma. St. Paul Med. Jour., xiv, p. 260.

Trachoma in Hungary. Jour. Amer. Med. Assn., May 4, p. 1388.

Vasiutinski, A. G. Trachoma Bodies. Voyenno-Med. Jour., ccxxxii, p. 749.

Wätzold. Significance of Scrofuloderma in Ophthalmology. Zeit. f. Augenh., xxvii, p. 320.

Wilder, W. H. Dangerous Infections of Eye. Ill. Med. Jour., April.

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Brunet. Is Treatment of Interstitial Keratitis with Mercury Justifiable? Lyons Thesis, 1911.

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La Mothe, E. Infectious Suppurative Keratitis. (Bibl.) Jour. Ophth. and Oto-Laryngol., vi, p. 140.

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Numi. Corneal Infection Through Aspergillus. Nippon Gank. Zachi, Jan.

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Trantas. Leprous Punctate Keratitis. Arch. d'Opht., xxxii, p. 193.

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Worth, C. Operative Treatment of Conical Cornea. Med. Press and Circ., March 20.

Zentmayer, W. Corneal Ulcer, Aspergillus Flavescens. Sec. on Ophth. Coll. Phys., Phila., Feb. 15.

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Gratiot, H. B. Management of Cataract. Jour. Iowa St. Med. Soc., May, p. 589.

Harry, P. A. Treatment of Early Stages of Senile Cataract. Lancet, May 4, p. 1225.

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Stölting. Glaucoma After Operations for Senile Cataract and After-cataract. Graefe's Arch. f. Ophth., lxxxi, p. 518.

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Van der Hoeve, J. H. Swelling Temperature of Lens; Medicinal Treatment of Cataract. Zeit. f. Augenh., xxvii, p. 381.

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OPTIC NERVE.

Chacon, A. Ophthalmoscopic Appearances Resembling Those of Optic Neuritis. Anales de Oft., xiv, p. 408.
Clowes, E. T. Acute Myelitis With Optic Neuritis. Lancet, March 23, p. 782.
Fuchs, E. Eyes in Tabes. Wiener Kl. Woch., xxv, No. 14. J. A. M. A., May 18, p. 1554. New York Med. Jour., May 18, p. 1063.
Kulejäkin. Retrobulbar Neuritis Due to Tuberculosis. Viestnik Ophth., xxviii, p. 844.
Langenbeck. Etiology of Non-toxic Retrobulbar Neuritis. Klin. M. f. Augenh., April, p. 478.
Rönne, H. Optic Atrophy in Tabes With Unilateral Nasal Hemianopsia. Ibid., p. 452.
Smith, H. Optic Neuritis Benefited by Operation on Sphenoid and Posterior Ethmoid. Laryngoscope, xxii, p. 67.

Stark, H. S. Retrobulbar Neuritis Due to Ethmoid Disease. Bull. El Paso Co. Med. Soc., iii, p. 15.
Wiegmann, E. Optic Nerve Disease With Whooping Cough. (Bibl.) Klin. M. f. Augenh., April, p. 460.
Repeated Titles. **Onishi** (i, p. 142) Klin. M. f. Augenh., April, p. 499.

TRACTS AND CENTERS.

Chaineux. Double Cortical Hemianopsia. Paris Thesis, 1911.
Walter. Amblyopia Without Anatomic Finding. Viestnik Ophth., xxviii., p. 945. Zeit. f. Augenh., xxvii, p. 378.
Weidler. Homonymous Hemianopsia. Arch. of Ophth., xli, p. 296.
Wilkinson, O. Ocular Findings in Tumor of Brain. Washington Med. Ann., xi, p. 11.
Williams, T. A. Diagnostic Value of Hemianopsia. Va. Med. Semi-monthly, xvii, p. 3.

EYEBALL.

Baratz. Microphthalmos in Newborn. Viestnik Ophth., xxviii, p. 688. Zeit. f. Augenh., xxvii, p. 378.
Clementi, B. Amputation of Anterior Segment of Eyeball. (Bibl.) Ann. di Ott., xli, p. 152.
Corrèges. Treatment of Traumatic Panophthalmitis. Bordeaux Thesis, 1911.
Goldberg, H. Cryptophthalmos; Congenital Ankyloblepharon. Sec. on Ophth. Coll. Phys., Phila., Feb. 15.
Jackson, E. Sympathetic Irritation Due to Aluminum Globe. Colo. Ophth. Soc., Feb. 17.
Kuhnt. Formation of Stump After Enucleation and Exenteration. Klin. M. f. Augenh., April, p. 473.
McLean, W. Penetrating Wound of Eye Leading to Enucleation. Amer. Med., vii, p. 13.
Ryan, J. P. Quick and Easy Removal of Eyeball. Brit. Med. Jour., April 13, p. 834.
Weidler. Microphthalmos. Arch. of Ophth., xli, p. 296.
Repeated Titles. **Goto** (i, p. 142) Klin. M. f. Augenh., April, p. 499. **Okuse** (i, p. 143) Ibid., p. 503.

ANOMALIES.

Beauvieux, J. and **Delorme, A.** Congenital Anomalies of Iris. L'Opht. Prov., ix, p. 42.
Gros. Persistent Pupillary Membrane and Congenital Zonular Cataract. Deut. Med. Woch., p. 144.
Lindahl. Secondary Optic Vesicle in Early Development of Eye. Klin. M. f. Augenh., April, p. 485.
Luedde, W. H. Congenital Absence of Both Lower Puncta. St. Louis Med. Soc., Jan. 3.

LACRIMAL APPARATUS.

Aubaret. Suppuration in Lacrimal Sac. Jour. de Méd. de Bordeaux, March 24.
Bryan, W. C. Dacryocystorhinostomy. St. Louis Med. Soc., Jan. 3.
Fosmark. Dacryocystorhinostomy. Klin. M. f. Augenh., April, p. 485.
Fouchon-Lapeyrade. Physiologic and Pathologic Significance of Lacrimal Hypersecretion. Bordeaux Thesis, 1911.
Kobozeff, A. I. Bilateral Dacryoadenitis. Viestnik Ophth., xxviii, p. 927.
Luedde, W. H. Multiple Gummata at Inner Canthus Simulating Dacryocystitis. St. Louis Med. Soc., Jan. 3.
Salva. Obliteration of Lacrimal Canaliculi. L'Opht. Prov., ix, p. 35.

Schlindwein, W. G. Malignant Disease of Lacrimal Duct. Wills Hosp. Ophth. Soc., Feb. 15.

Schmiedt, W. Illumination of Eye-ground From Nose and Lacrimal Inflammation. Deut. Med. Woch., No. 7, p. 343.

Yudin, K. A. Lateral Displacement of Lacrimal Glands. Viestnik Ophth., xxviii, p. 943. Zeit. f. Augenh., xxvii, p. 371.

Repeated Titles. **Bribach** (ii, p. 10) Ophth. Rev., xxxi, p. 140.

LIDS.

Gordinski, N. Peculiar Congenital Blepharoptosis. Viestnik Ophth., xxviii, p. 932.

Hildesheimer. Bilateral Herpes. Berlin Ophth. Soc., Feb. 29. Ophth. Rev., xxxi, p. 159.

Kostich, D. P. Congenital Coloboma of Lids. Viestnik Ophth., xxviii, p. 835. Zeit. f. Augenh., xxvii, p. 378.

Lotin, A. V. Blepharoplastic Surgery. Viestnik Ophth., xxviii, p. 914.

Sakaguci. Studies of Giant Cells in Chalazion. Nippon Gank. Zachi, Feb.

Sedwick, W. A. Deep Linear Cauterization for Ectropion. Colo. Ophth. Soc., Feb. 17.

Terrien. Erysipelas of Lids in Diabetes. Soc. d'Opht. de Paris, April 2.

Traquair, H. M. Congenital Deficiency of Cilia in Intermarginal Area of Lower Lids With Distichiasis. Ophth. Rev., xxxi, p. 138.

Weinstein, A. C. Ptosis. Russky Vratch, Feb. 25. New York Med. Jour., May 4, p. 957.

Ziegler, S. L. Davis Operation in Double Ectropion. Wills Hosp. Ophth. Soc., Feb. 5.

Repeated Titles. **Owuri** (i, p. 143) Klin. M. f. Augenh., April, p. 499.

ORBIT.

Birch-Hirschfeld. Intermittent Exophthalmos. Klin. M. f. Augenh, April, p. 411.

Lange. Abscess of Orbit and of Frontal Lobe From Sinus Disease. Deut. Med. Woch., p. 142.

Smith, E. Pulsating Swelling Over Orbit. West London Med. Jour., xvii, p. 49.

Repeated Titles. **Komoto** (ii, p. 24) Klin. M. f. Augenh., April, p. 503. **Komoto** (i, p. 144) Ibid., p. 500.

INJURIES.

Guibert. Intraocular Foreign Bodies and Sympathetic Ophthalmia. L'Opht. Prov., ix, p. 33.

Kollock, C. W. Removal of Steel From Eye With Electro-magnet. Jour. So. Carolina Med. Assn., viii, p. 71.

Libby, G. F. Ocular Injury From Oil of Cloves. Colo. Ophth. Soc., Feb. 17.

Rollet, E. Foreign Bodies in Eyes. Gazz. degli Osp. e delle Clin., xxxiii, April 11.

Stuart, C. C. Injury to Eye by Pieces of Steel. Cleveland Med. Jour., xi, p. 275.

Terrien, F. Visual Troubles Provoked by Electricity. Presse Méd., March 6, p. 193.

Terson. Extraction of Iron From Orbit. Soc. d'Opht. de Paris, April 2.

Villers. Rare Wound by Splinter of Iron. Klin. M. f. Augenh., April, p. 469.

Watson, W. W. Lime Burn of Eye. Wills Hosp. Ophth. Soc., Feb. 5.

Zeeman, W. P. C. Traumatic Aniridia. Zeit.f. Augenh., xxvii, p. 382.

Repeated Titles. **Okuse** (ii, p. 24) Klin. M. f. Augenh., April, p. 503. **Susuki** (ii, p. 24) Ibid., p. 503.

PARASITES.

Lemere, H. B. Maggots in Eye. West. Med. Rev., xvii, p. 85.
Wittich. Cysticercus in Eye. Münch. Med. Woch., p. 280.

TUMORS.

Anselini, G. Nevus of Lacrimal Caruncle. (Bibl.) Arch. di Ott., xix, p. 611.
Bizard. Lymphoma of Conjunctiva. Bordeaux Thesis, 1911.
Bogatch, H. Lymphangiomatous Endothelioma of Orbit. Klin. M. f. Augenh., April, p. 477.
Large Dermoid in Depth of Orbit. Ibid., p. 477.
Fage. Sarcoma of Orbit. Rec. d'Opht., xxxiii, p. 289.
Fuchs, E. Sarcoma of Choroid. Graefe's Arch. f. Ophth., lxxxi, p. 556.
Hagenbach, E. Carcinoma of Skin of Forehead and Inner Canthus. Deut. Med. Woch., p. 200.
Jackson, E. Sarcoma of Orbit. Colo. Ophth. Soc., Feb. 17.
Kako. Endothelioma Arising in Maxillary Antrum, Involving Nasal Cavities and Orbit, and Compressing Both Optic Nerves in Cranium. Nippon Gank. Zachi, Feb.
Komoto. Extirpation of Intraorbital Tumor With Preservation of Eyeball, Without Krönlein's Operation. Ibid.
Reiss. Ring Sarcoma of Ciliary Body. Klin. M. f. Augenh., April, p. 472.
Shinowara. Round-cell Sarcoma of Optic Nerve Sheath. Nippon Gank. Zachi, Jan.
Sokolow. Dermoid of Conjunctiva, Coloboma of Macula Lutea of Newborn With Tumor of Same Side of Face. Prakt. Vratch, p. 805.
Wernke, F. K. Tumor of Optic Nerve. Viestnik Ophth., xxviii, p. 944. Zeit. f. Augenh., xxvii, p. 374.
Repeated Titles. **Ginsberg** and **Cohn** (ii, p. 44) Ophth. Rev., xxxi, p. 152. **Hirano** (i, p. 144) Klin. M. f. Augenh., April, p. 499. **Komoto** i, p. 144) Ibid., p. 500 **Komoto** i, p. 173) Ibid., p. 502. **Kuboki** (i, p. 144) Ibid., p. 499. **Leber** (i, p. 41) Ophth. Rev, xxxi, p. 151.

GENERAL DISEASES.

Abadie, C. Wassermann Reaction. Clin. Opht., xviii, p. 248.

Balavoine, H. Maximum and Minimum Arterial Tension in Ocular Affections. Arch. d'Opht., xxxii, p. 250.

Colombo, G. L. Bibliography of Salvarsan in Ophthalmology. Ann. di Ott., xli, p. 207.

Dimitrieff, A. G. Diseases of Eye in Scleroderma. Viestnik Ophth., xxviii, p. 928.
Dori, L. "606" in Ocular Diseases. (Bibl.) Ann. di Ott., xli, p. 129.
Ducasse. Ophthalmo-reaction in Aged. Bordeaux Thesis, 1911.
Dufour, C. R. Rheumatic Diseases of Eye and Throat. Va. Med. Semimonthly, xvii, p. 67.
Fejer, J. Eye and Salvarsan. Berl. Klin. Woch., xlix, p. 691.
Fromaget, C. Failure of Arsenobenzol in Tabetic Atrophy of Optic Nerve. Clin. Ophth., xviii, p. 244.
Giudicelli. Ocular Complications of Influenza. Bordeaux Thesis, 1911.
Heath, F. C. Syphilitic Eye Lesions and Salvarsan. Amer. Jour. Dermatol., April, p. 207.
Knapp, G. H. Ocular Manifestations of Syphilis. Arch. of Ophth., xli, p. 235.
Leredde. Hecht Reaction With Determination of Hemolytic Index in Syphilitic Affections. Soc. d'Opht. de Paris, April 2.
Puifferat. Jellenick's Sign in Syndrome of Basedow's Disease. Paris Thesis, 1911.

Rollet and Aurand. Experimental Study of Ocular Infections of Gonococcus. Rev. Gén. d'Opht., xxxi, p. 97.

St. Bernheimer. Indicanuria and Diseases of Eye. Wien. Klin. Woch., xxv, p. 410.

Terrien. Tuberculous Gumma of Eye. Soc. d'Opht. de Paris. April 2.

Tyson, H. H. and Clark, L. P. Eye Syndrome of Dementia Praecox. Arch. of Ophth., xli, p. 222.

Von Herrenschwand. Tuberculin Treatment of Ocular Disease. (Bibl.) Arch. f. Augenh., lxxi, p. 104.

Wernke, F. K. Salvarsan in Diseases of Eye. Viestnik Ophth., xxviii, p. 910.

OCULAR LESIONS BY EXTENSION.

Gutmann. Affections of Contents of Orbit After Extraction of Tooth. Berlin Ophth. Soc., Feb. 29. Ophth. Rev., xxxi, p. 160.

EYE STRAIN.

Cobbledick, A. S. Eye Strain in General Practice. Practitioner, lxxxviii, p. 681.

Johnson, C. P. Errors of Refraction Causing Neurasthenia and Epilepsy. Jour. Kans. Med. Soc., April.

Pasturaud. Facial Tics and Vicious Attitudes of Ametropic Origin. Bordeaux Thesis, 1911.

GENERAL OPHTHALMOLOGY.

Attias, G. Senile Changes in Human Eye. Graefe's Arch. f. Ophth., lxxxi, p. 495.

Cords, R. Examination of Perspective Faculty. Zeit. f. Augenh., xxvii, p. 346.

Galloway, A. R. Interesting Case of Color Blindness. Brit. Med. Jour., April 27, p. 949.

Harkness, G. F. Prognosis of Some Eye Cases. Jour. Iowa Med. Soc., April, p. 15.

Seydel. Official Tests of Color Perception. Klin. M. f. Augenh., April p. 492.

Straub. Relation of Consciousness to Theory of Vision. Ophth. Rev., xxxi, p. 147.

Repeated Titles. Bürgers (i, p. 56) Ophthalmoscope, x, p. 282. Hamburger (i, p. 129) Ibid., p. 282.

HYGIENE.

Allport, F. Conservation of School Children's Eyes. Ill. Med. Jour., April.

Cravath, J. R. Illumination and Vision. Ibid.

Roethlein, B. E. Relative Legibility of Different Faces of Printing Types. Amer. Jour. Psychol., xxiii, p. 1.

ECONOMICS.

Aymé, H. Statistics of Accidents of Labor. Montpellier Thesis, 1911.

Cohen, H. Cost of Preventable Blindness to Nation. Ill. Med. Jour., April.

Hasse, W. Eyes of School Children at Homburg. Homburg; Shick, 1911.

Izikawa. Judicial Opinion Regarding Earning Capacity. Nippon Gank. Zachi, Jan.

Nance, W. O. Prevention of Blindness. Ill. Med. Jour., April.

Sugijama. Eye Diseases of Young With Reference to Their Work. Nippon Gank. Zachi, Jan.

Young, R. J. Prevention of Injury to Eyes in Steel Mills. Ill. Med. Jour., April.

Repeated Titles. Maruo (i, p. 176) Klin. M. f. Augenh., April, p. 501.

PROFESSIONAL RELATIONS—EDUCATION—HISTORY.

Aubineau, E. The Crisis of Ophthalmology. L'Opht. Prov., ix, p. 38.
Brown, S. H. Ophthalmological Observation of Charles Dickens During Visit to America. Ophth. Rec., xxi, p. 173.
Cosse, T. Imposter Forced to Pay Hospital for Free Operation. L'Opht. Prov., ix, p. 31. Jour. A. M. A., April 27, p. 1294.
Exner, S. Goethe's Theory of Colors. Wien. Klin. Woch., No. 1.
Fernandez, F. M. Ophthalmology in Medical Press of Cuba. Actas y trab. d., ii Cong. Med. nac. Habana, 1911.
Gay, G. W., Thorington, J. and Bossidy, J. C. Report of Special Commission on Optometry. Amer. Med. Assn. Bull., vii, p. 5.
Lea, J. A. Cases Showing Relation of Ophthalmology to Medicine. So. African Med. Rec., ix, p. 291.
Mac Callan, A. F. Egyptian Ophthalmic Hospitals. Ophth. Rev., xxxi, p. 104.
Noland, J. R. The Fake Eye Glass Dealer. Pearson's Mag., xxv, p. 361.
Smith, T. Notes From Indian Eye Clinic. Ophthalmoscope, x, p. 195.
The Equipment of the Specialist. Ophthalmology, viii, p. 307.
Thomson, E. Zürich Eye Clinic. Ophthalmoscope, x, p. 267.
Van Duyse. History of Ophthalmology in Belgium, xix Century. Ann. et Bull. de la Soc. de Gand, Jan. and Feb.

Müggе, F. Anomalous Projection in Convergent Strabismus. (Graefe's Archiv. f. Ophth., lxxix, p. 1.)

This article is based on the author's observation of 120 cases of convergent squint. Anomalous projection and the degree of deviation were tested with the Maddox rod and the amblyoscope. Details of 33 of the cases are given in a table. The non-operative treatment consisted of full correction of hyperopia and hyperopic astigmatism; exercising an amblyopic eye by prolonged covering of the fixing eye, until the vision of the amblyopic eye reached 5-35; after this keeping the fixing eye under atropin until vision of 5-15 or 5-10 was reached in the amblyopic eye; and persistent amblyopic exercises begun as soon as the visual acuity of the amblyopic eye had reached 5-25. In patients with anomalous localization, extreme amblyopia was seldom met, most of such cases having a visual acuity of 5-20 or 5-15 in the squinting eye. The writer's conclusions follow: Anomalous projection is among the symptoms of convergent strabismus whose purpose is the avoidance of diplopia. A necessary condition for its existence is a marked congenital defect in the normal function of retinal correspondence. In such cases it is never possible to restore normal localization by the sole use of amblyoscopic exercises; and, even if such restoration occurs after complete correction of the strabismus, it usually does so only after a long period of time, and the binocular vision obtained is always relatively imperfect. Anomalous projection is present in the great majority of cases of alternating convergent strabismus. The degree of binocular vision attained with anomalous localization is the better, the earlier this symptom developed; and in cases where its appearance was very early, a certain amount of fusion power may be found on a basis of anomalous localization.

Fuchs, E. Internal Scleral Rupture. (Graefe's Archiv. f. Ophth., vol. lxxix, p. 53.)

The microscopic findings in two cases are described and illustrated. Both cases showed clinically the characteristic ectasia close to the limbus. The scleral tear began in each case at the site of the ligamentum pectinatum, and the canal of Schlemm was laid open. Extending from this point, the inner layers of the sclera were divided

and spread apart, and in both cases there was a triangular space between the anterior and the torn posterior layers which was filled by new tissue. The root of the iris occupied the gap between the separated edges, the apparent width of the iris being thus lessened. In both cases the rupture plainly originated on the inner aspect of the sclera. Diagnosis of internal rupture may be made after non-perforating contusion, if, after disappearance of the suffusion and swelling of the conjunctiva, a blue-black line becomes visible, near to and concentric with the cornea; and especially if an ectasia develops at the same place. Narrowing of the iris with consequent distortion of the pupil in the direction of the ectasia will support the diagnosis.

Wegner, J. Tonometry. (Archiv. f. Augenh., lxviii, p. 290.)

Has tested 100 normal eyes with especial regard to the relation of the intraocular pressure to age. Divides into three groups, the first to 25 years, second 25 to 50 years, third 50 to 75 years. The first group, 17 patients and 34 eyes, showed a lowest tension of 18, highest of 30, and average of 24 mm. The second group, 19 cases and 32 eyes, showed lowest 15, highest 25, average 21. The third group, 18 cases and 34 eyes, showed lowest 13, highest 22, average 18. A general table gives 4 eyes as showing 13 mm., 9 as 15, 22 as 18, 6 as 19, 1 as 21, 35 as 22, 15 as 25, 1 as 27, and 7 as 30 mm. The average for the 100 was 21. Wegner concludes that normal pressure lies between 13 and 30, that with increasing age normal pressure becomes less, and hence one must differentiate according to age. A further table, of experiments with eserin, shows greatest reduction of tension by the drug in 12 eyes of 6 patients to range between 4 and 10 mm. This table shows the pressure at various intervals up to 24 hours after instillation, as well as before instillation.

Mügge, F. Leber's Familial Optic Atrophy. (Zeitschr, f. Augenh., xxv, p. 236.

The four cases recorded occurred in two families. In the first family, consisting of five sons and one daughter, the first and third sons were affected. The history of the ascendants was negative. The oldest son, twenty-three years of age, was so far affected on entering school that he could only decipher the text of his school books with difficulty. During his school period slight gradual deterioration occurred. Ophthalmoscopic examination showed pallor of the disk marked on the temporal side, much less so on the nasal side. The lamina cribrosa was not distinctly visible. Vision was right 1-15 (peripheral), left 1-10 (peripheral.) The right visual field showed a sector defect for colors above (L. not taken) and central scotoma Slight improvement seemed to follow strychnine injections in the temples. There was no obvious change in the fundus after four years from the first observations. The third son of the same family began to see badly at twelve years, and after gradual diminution of vision came to the clinic for glasses at the age of nineteen years. His optic disks were especially pale on the temporal side, and the retinal vessels somewhat narrowed. Vision 5-35 right and left. The fields for color were slightly contracted. Eighteen months later the objective findings were unchanged. Vision, fallen to 5-50, quickly rose under strychnine injections to right 5-25 and left 5-35, and stayed there.

In the second family the two elder out of three sons were affected. The parents were sound. Ten years previously the oldest, aged twenty-seven years, had accidentally discovered his right eye to be defective. Two weeks later the left eye became involved, and at the end of a further two weeks the patient had become almost blind Medical treatment proved ineffectual at this time but four years later marked benefit followed the use of electricity, and a lengthy annual

course of the same treatment was attended by such steady improvement that ten years after the first disturbance the patient could again read large newspaper print. At examination the disks were distinctly white with the exception of a narrowed crescent on the nasal side, the lamina distinctly perceptible, and the vessels of normal caliber. Vision was right 5-25, left 5-35. There was absolute central scotoma, with general concentric contraction of the color fields. The brother, aged twenty-six, was troubled in February, 1910, by a peculiar glimmer and cloudiness before the left eye; and on covering the right eye found the left to have very little light, especially in the center. Similar disturbances developed two weeks later in the right eye. Vision grew steadily worse until he was examined in May. At this time the right disk was red, indistinct, and somewhat swollen. The adjacent retina was hazy, there was a small patch of retinal edema at the temporal margin of the disk, and the retinal vessels were plethoric. The left eye gave the appearance of an optic neuritis which was beginning to decline, with partial development of streaks along the large vessels, and distinct pallor particularly of the temporal half of the disk. Vision was right movements, left light perception. Further progress has been in the direction of optic atrophy with lessened vision. Other cases recorded in the literature, as well as the opinions of various writers concerning the etiology of this condition, which seems to arise directly from a retrobulbar neuritis, are reviewed.

Pichler, A. Lacrimal Canal and Oblique Facial Fissure. (Archiv. f. Augenh., lxviii, p. 172.)

The anomalies presented by the author's patient, a man of twenty-five years, were a marked deviation of the nose toward the left; a canal whose external opening was at the point of junction of the right ala of the nose with the naso-labial fold, and its internal opening within the nose; a lacrimal canal terminating in a cul-de-sac; and a dermoid growth at the upper corneal limbus. The nasal septum presented an anterior deflection toward the right so marked as to make it impossible to pass a sound into the right nostril. Fluid injected into the passage between the cheek and the nose escaped partly in front from the nostril and partly into the throat. At the site of the tear sac was a swelling the size of a hazel nut; and one-half inch below this, another of lesser size. Pressure on either swelling expelled pus through the two puncta; but pressure between the two prominences met bony resistance and caused no flow of pus. Each canal was lined with a smooth membrane, and no bare bone could be felt with the probe. There was no communication between the two passages. The author points out that the external opening of the lower canal lay just where in embryonic life the maxillary process becomes united with the outer and mesial nasal processes. To an improper closure of these three processes, secondary to and in association with pressure of an amniotic band, he therefore attributes the nasal deformity, the facionasal passage, the blind lacrimal canal, and the dermoid. A summary of his own, and of three other related cases already reported, is illustrated by schematic figures. A short statement of the embryology of the lacrimal conduction apparatus is added.

Birch-Hirschfeld and Inouye, N. Action of Indarsol on Optic Nerve and Retina. (Graefe's Archiv. f. Ophth., lxxix, p. 81.)

Experiments were made at the request of a German chemical house which was thinking of putting indarsol, a new arsenic compound, on the market as a competitor with atoxyl and similar preparations. For the tests cats and rabbits were used. Microscopic study of the tissues showed that indarsol, like atoxyl, is capable of causing con-

siderable injury to the retina, without any objective changes being observable by means of ophthalmoscopic examination or test of pupillary reaction. The most marked changes occurred in the ganglion cell layer of the retina; the internal ganglion layer being affected in lesser degree.

Von Herrenschwand, F. Tuberculin Treatment of Eye Diseases. (Archiv. f. Augenh., lxviii, p. 33.)

Forty cases were treated with injections of bacillary emulsion. There were six cases of disseminated choroiditis, twelve of parenchymatous keratitis, thirteen of phlyctenular keratoconjunctivitis, seven of chronic iritis or iridocyclitis, one of Mikulicz' disease, and one of scleritis. With the exception of one case in which the disease was far advanced when treatment was begun, all the cases of choroiditis showed improvement from counting of fingers to nearly normal vision, and continued without relapse during a considerable period of observation. Nine of the twelve cases of parenchymatous keratitis gave positive Wassermann reaction, but the tuberculin test was positive in eleven cases. The Wasserman test was positive in one case of active apical tuberculosis, in which tuberculin treatment was followed by improvement of vision from light perception to 6-24. It is extremely difficult to state definitely the percentage of cases of parenchymatous tuberculosis due respectively to tuberculosis and syphilis, especially as the two diseases are frequently coincident. The results with tuberculin in this corneal disease were very favorable. Only four of the thirteen cases of phlyctenular keratitis offered any evidence of tuberculosis until the tuberculin test was made, when all thirteen were positive. The cases of iritis, Mikulicz' disease, and scleritis were all benefited by the tuberculin treatment. For diagnostic purposes the dose of old tuberculin injected was ¼ to ½ mg. for children and feeble patients; and from ½ to 1mg. for adults and robust cases. The initial therapeutic injection varied from 1-5000 to 1-500 mg., and the injections were made from once to twice a week.

Fujita, H. Rosette Development in Regenerated Retina of Frog. Archiv. f. Augenh., lxviii, p. 361.

The appearances described and illustrated were accidentally observed in connection with experiments on the regeneration of the frog's retina. Forty-five to fifty days after cutting the optic nerve the frog's retina undergoes redevelopment, although incompletely Sections made for the study of this condition showed in the external granular layer circular arrangements of slender cylindric, oval and rounded cells. The nuclei lay peripherally, and rods or cones, staining red with eosin, presented towards the lumen. Between the nuclei and the rods and cones a sharp line, the membrana limitans externa, was plainly noticeable. These structures closely resembled Winterstein's rosettes. In the writer's opinion they were due to the invagination of the outer granular layer in consequence of growth here being more rapid than in the inner layer.